1.	E vive October 1, 2001						()			
		CLAIMS	FILE	D - PART I)	_		
ſſ	TOTAL CLAII	MS	_		Olumn 2)	SMAT TYPE	ENTITY		OTH IAMS SIG	ER THAN LL ENTITY
!_ 	 Го:.					RA	re Fe	E	PATI	
-	TOTAL CHARG	SEABLE CLAIM		A 4. 1 3	· · (.	j		i'_	1.4 21.2.01	E. 740 (
-11-			5	minus 20= '		X\$	9::		B X\$18	=
-{}-	NDEPENDENT			minus 3 =		X42	=		R X84=	-
	AUCHPLE DEP	PENDENT CLAIN	M PRESENT						R X84=	
	If the differen	ce in column 1	is less than	zero, enter "0" i	n column 2	+140			R +280=	
		CLAIMS AS			0010/11/11/2	TOTA	\L	0	TOTAL	
<u> </u> -		(Column 1		(Column 2)	(Column 3)	SMAL	L ENTIT	Y OF	OTHE SMALE	R THAN ENTITY
AMENDMENT		REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI TIONA FEE	YL.	RATE	ADDI- TIONAL
S	Total	* 8	Minus	_ ** 8	=	X\$ 9=		OF	X\$18=	FEE
AME	Independent	1 2	Minus	*** 2	_ =	X42=			` <u> </u>	-
	FIRST PRES	ENTATION OF I	MULTIPLE DE	PENDENT CLAI	М			OR	X84=	
		,				+140=		OR	+280=	
						TOTA ADDIT, FE		OR	TOTAL ADDIT, FEE	Po
		(Column 1) CLAIMS	J. 0. 11	(Column 2)	(Column 3)					-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL
ND	Total .	*	Minus	**	E	X\$ 9=	1-1-1-		V640	FEE
ME	Independent	*	Minus	###	=	ļ	 	OR	X\$18=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		X42=	<u> </u>	OR	X84=	
			•			+140=		OR	+280=	
	•		•			ADDIT, FEE		OR'	TOTAL VDDIT. FEE	
Es	Secretary and	(Column 1) CLAIMS	Non-company	(Column 2)	(Column 3)			_ ^	onir Leet	
AMENDMEN! C		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		k	Minus	# # '	=	X\$ 9=			X\$18=	
			Minus	***	= .			OR		
1,	TINO I PHESEN	ПАТІОИ ОБ МО	LTIPLE DEPI	ENDENT CLAIM		X42=		OR	X84=	
. K A	ne entry in column	n.1 is less than the	entry ki colom	in 2 willia 111 for and	ema 3	+140=		or	+280=	
و المنت	he Highest Numb	har Providence Col	u for in this	SPACE is less than	20, enter 20.*	TOTAL ADDIT, FEE	38	OR A	TOTAL OUT FEE	1977 4 076
Th	Highest Number	Previously Pald	For (Total or I	ndependent) is the t	lighest humber fo	und in the app	ropriate box	kn colun	เก 1.	3.3
<u> </u>	10-675 MBA/ 9/01	William States and Control of the Control	and safety to the	**************************************				•		W.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

01 FN046US

CLAIMS AS FILED - PART I							SMALL EN		~	OTHER		
T = 0	TAL OLABAG		(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			65					RATE	FEE		RATE	/ FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			63 minus 20=		• 43			X\$ 9=		OR	X\$18=	7.74
INDEPENDENT CLAIMS			g minus 3 =		* 5			X40=		OR	X80=	400
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	,	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL		OR	TOTAL	1884
CLAIMS AS AMENDED - PART II									 . , <u></u>	OTHER	THAN	
CLAINS AS A (Column 1)			(Column 2)			(Column 3)	•	SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	i
ME	Independent	•	Minus	***	 	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=		
					. ***			TOTAL		OR	TOTAL	
	•			(0.1	0\	(O-b		ADDIT. FEE		,	ADDIT. FEE	
	•	(Column 1) CLAIMS			imn 2) Hest	(Column 3)	1		ADD!			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUI PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	TIONAL FEE
MQ	Total	. 8	Minus	(03	=		X\$ 9=		OR	X\$18=	
ME	Independent	. 2	Minus	***	8	=	1	X40=	·	OR	X80=	٠.
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_	+135=			+270=	
						•				OR	TOTAL	1
						TOTAL ADDIT. FEE			L	OR	ADDIT. FE	19
		(Column 1)			umn 2)	(Column 3)	<u>) </u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	. 1	Minus	***	Z	=	4	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPEND				NT CLAIM	/	J	405	<u> </u>	1		1
1.	If the entry in col	lumn 1 is less than	the entry in co	dumn 2 w	rite "0" in c	olumn 3		+135=	<u> </u>	OR		
**	If the "Highest N	umn Tis less trian umber Previously lumber Previously	Paid For" IN TI	HIS SPACE	E is less th	an 20, enter "20	0."	TOTAL ADDIT. FEE		OF	ADDIT. FE	
1	The "Highest Nu	imber Previously f	Paid For" (Total	or Indepe	ndent) is th	ne highest numb	ber fo	ound in the a	ppropriate b	ox in c	column 1.	